|                                |          |            | Rule #   | phons committee Log for    | Date      | 1             |           |                                       |
|--------------------------------|----------|------------|----------|----------------------------|-----------|---------------|-----------|---------------------------------------|
|                                |          |            | under    |                            | Consi-    |               |           |                                       |
| Agency                         | Employee | Request    | 9 CSR    | Content of Request         | dered     | Decision      | Rationale | Comments                              |
| <u>9</u>                       |          |            |          | Seeks waiver due to crime  |           | Approved      |           | Must be reviewed in                   |
| Archway                        | Milton   |            |          | of                         |           | with          |           | one year.                             |
| Communities                    | Sanders  | 7/1/1999   | 10-5.190 | felony assault             | 8/6/1999  | conditions    |           | Monitor by survey.                    |
|                                | Ryan R.  |            | 30-3.850 | 1                          |           |               |           | , ,                                   |
| Arthur Center                  | Guffy    | 1/29/1999  | (55)     | Qualifications for CSW     | 2/5/1999  | Approved      |           |                                       |
|                                |          |            | None     |                            |           |               |           |                                       |
| I                              |          |            | cited    |                            |           |               |           | Relates to hiring                     |
|                                |          |            | - see    | Seeks waiver due to DFS    |           |               |           | persons found by                      |
| Arthur Center –                | Jody     |            | comment  | record                     |           |               |           | DFS to have                           |
| Options Unlimited              | Rackers  | 4/8/1999   | s        | of abuse                   | 5/14/1999 | Approved      |           | committed abuse                       |
|                                | Donald   |            |          |                            |           |               |           |                                       |
| Butterfield Youth              | Lee      |            |          | Seeks waiver due to crime  |           |               |           |                                       |
| Services                       | Pummil   | 5/13/1999  | 10-5.190 | of felony assault.         | 6/4/1999  | Approved      |           |                                       |
| Community                      |          |            |          |                            |           |               |           |                                       |
| Alcohol                        |          |            |          |                            |           | No            |           |                                       |
| and Drug                       | John G.  |            |          |                            |           | exception     |           | Crimes not                            |
| Program                        | Bucher   | 12/30/1998 | 10-5.190 | Second degree burglary     | 1/8/1999  | necessary     |           | disqualiying                          |
| Comprehensive                  |          |            |          | Seeks waiver due to crime  |           | No            |           |                                       |
| Mental Health                  | Ronald   |            |          | of                         |           | exception     |           | Crimes committed                      |
| Services, Inc.                 | James    | 1/7/1999   | 10-5.190 | 3rd degree assault         | 2/5/1999  | necessary     |           | not disqualifying                     |
| 0                              |          |            |          |                            |           | NI-           |           | Fig. disc. of DEC above               |
| Comprehensive<br>Mental Health | Hester   |            |          | Cooks weiver due to DEC    |           | No            |           | Finding of DFS abuse                  |
|                                |          | 4/7/4000   | 40 5 400 | Seeks waiver due to DFS    | 0/5/4000  | exception     |           | not per se                            |
| Services, Inc.                 | Ladd     | 1///1999   | 10-5.190 | report of abuse            | 2/5/1999  | necessary     |           | disqualifying                         |
| COMTREA                        |          |            |          |                            |           | Approved      |           | ADA programs only. Monitor by survey. |
|                                | Barry    |            |          | 1st degree assault and     |           | Approved with |           | May reapply in 12                     |
| Community                      | French   | 11/23/1998 | 10 5 100 |                            | 1/15/1000 | conditions    |           | months                                |
| Treatment, Inc.                | French   | 11/23/1996 | 10-5.190 | 1st degree arson           | 1/15/1999 | conditions    |           | months                                |
|                                |          |            |          | Seeks waiver of            |           |               |           |                                       |
|                                |          |            |          | requirement for a person   |           |               |           |                                       |
|                                |          |            |          | trained in CPR and First   |           |               |           |                                       |
| Cori Manor                     |          |            |          | Aid if nurse from attached |           |               |           |                                       |
| Nursing                        |          |            |          | ICF is available in 3      |           |               |           |                                       |
| Center                         | N/A      | 6/1/1000   | 40-3.115 | minutes.                   | 7/2/1999  | Denied        |           |                                       |
| Center                         | IN/A     | 0/1/1999   | 40-3.113 | minutes.                   | 1/2/1999  | Defiled       |           |                                       |

|                  |            | Date of    | under     |                              | Consi-    |            |                   |                        |  |  |
|------------------|------------|------------|-----------|------------------------------|-----------|------------|-------------------|------------------------|--|--|
| Agency           | Employee   | Request    | 9 CSR     | Content of Request           | dered     | Decision   | Rationale         | Comments               |  |  |
| - garay          |            |            |           |                              |           |            |                   |                        |  |  |
|                  |            |            |           | Lacks adequate fencing       |           | Approved   |                   | Exception valid for    |  |  |
|                  |            |            | 40-4.155  | around                       |           | with       |                   | current resident only. |  |  |
| Dee Dehghani     | N/A        | 8/9/1999   | (6)       | swimming pool                | 9/3/1999  | conditions |                   | Monitor by survey.     |  |  |
| Ŭ                |            |            | None      | <u> </u>                     |           |            |                   |                        |  |  |
|                  |            |            | cited     |                              |           |            |                   | J. Regions has         |  |  |
|                  |            |            | - see     |                              |           | No         |                   | qualifications         |  |  |
| Doctors Regional | James      |            | comment   |                              |           | exception  |                   | of QSAC under          |  |  |
| Medical Center   | Regions    | 5/5/1999   | s         |                              | 6/4/1999  | necessary  |                   | CSTAR rules            |  |  |
|                  |            |            |           |                              |           |            | Working on        |                        |  |  |
|                  |            |            |           |                              |           | Approved   | Masters -         | 12 core functions      |  |  |
| Doctors Regional | Julie      |            |           | Eligibility requirements for |           | with       | strong agency     | training required.     |  |  |
| Medical Center   | Hanner     | 12/11/1998 | 30-3.3080 |                              | 1/15/1999 | conditions | endorsement.      | Monitor by survey      |  |  |
|                  |            |            |           | Employee lacks college       |           |            |                   |                        |  |  |
|                  |            |            |           | degree                       |           |            |                   |                        |  |  |
| Doctors Regional | Susan      |            | 30-3.850  | need to be CSW               |           |            |                   |                        |  |  |
| Medical Center   | O'Brien    | 2/15/1999  | (56)      | supervisor                   | 3/5/1999  | Approved   |                   |                        |  |  |
|                  |            |            |           | Allow doctoral students      |           |            |                   |                        |  |  |
| Family           |            |            |           | without                      |           |            |                   |                        |  |  |
| Counseling       |            |            |           | experience working with      |           |            |                   |                        |  |  |
| Center of        | Doctoral   |            |           | children to be children's'   |           |            |                   |                        |  |  |
| Missouri         | students   | 2/1/1999   | 30-3.080  | therapist.                   | 3/5/1999  | Approved   |                   |                        |  |  |
|                  |            |            |           | Seeks waiver due to crime    |           | Approved   |                   | ADA programs.          |  |  |
| Family Guidance  | Andrew     |            |           | of                           |           | with       |                   | Monitor by survey      |  |  |
| Center           | Allen Goff | 2/19/1999  | 10-5.190  | 2nd degree robbery           | 3/5/1999  | conditions |                   | and ADA staff          |  |  |
|                  |            |            |           |                              |           |            | Education and     |                        |  |  |
| Family Guidance  | Roberta    |            |           | Eligibility requirements for |           |            | experience did    |                        |  |  |
| Center           | Rauman     | 3/22/1999  | 30080     | CSW supervisor               | 4/7/1999  | Denied     | not justify.      |                        |  |  |
|                  |            |            |           |                              |           |            |                   |                        |  |  |
| Family Guidance  |            | 1          |           |                              |           | <b>I</b>   |                   |                        |  |  |
| Center for       |            |            | 00 0 0 5  | To mix C-Star clients with   |           | No         | Current mix of    |                        |  |  |
| Behavioral       | l          | 0/4/4555   | 30-3.850  | other                        |           | exception  | clients not in    |                        |  |  |
| Healthcare       | N/A        | 6/4/1999   | (2)(A)    | ADA programs                 | 11/5/1999 | necessary  | violation of rule |                        |  |  |
|                  | l          | 1          |           | <b>.</b>                     |           | No         | Stealing not a    |                        |  |  |
| Gateway          | Martin     |            |           | Seeks waiver due to          |           | exception  | disqualifying     |                        |  |  |
| Foundation       | Kracht     | 8/30/1999  | 10-5.190  | crime of stealing            | 11/5/1999 | necessary  | crime             |                        |  |  |

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|                  |           |            | under    |                           | Consi-      |            |                       |                        |
| Agency           | Employee  | Request    | 9 CSR    | Content of Request        | dered       | Decision   | Rationale             | Comments               |
|                  |           |            |          |                           |             |            | Crime was violent but |                        |
|                  |           |            |          |                           |             | l          | in distant            | Approved for           |
| <b>~</b> .       |           |            |          | <u>.</u>                  |             | Approved   | past and              | employment             |
| Gateway          |           | 0/00/4000  | 12 5 400 | Seeks waiver due to crime | 1.4/5/4000  | with       | has recovery          | with current           |
| Foundation       | Clay Hyde | 8/30/1999  | 10-5.190 | of assualt,               | 11/5/1999   | conditions | history               | employer               |
|                  |           |            |          | Requests waiver from      |             |            |                       |                        |
|                  |           |            |          | numerous                  |             |            |                       |                        |
| Gateway          |           |            |          | requirements that are not |             |            |                       |                        |
| Foundation – St. |           |            |          | appropriate in an         |             |            |                       |                        |
| LouisCommunity   |           |            | All of   | institutional             |             |            |                       |                        |
| Release Center   | N/A       | 12/10/1998 |          | corrections setting       | 1/15/1999   | Approved   |                       |                        |
| Ttologoo Conto.  | 14/7      | 12,10,1000 | 00 0.    | our out on out of the     | 17 107 1000 | 710700     |                       | In 6-99 committee      |
| Gateway          |           |            |          |                           |             | No         |                       | ask for additional     |
| Foundation       | Clay Hyde | 6/15/1999  | 10-5.190 |                           | 6/12/1999   | decision   |                       | information            |
|                  | 1         | 1          |          |                           |             |            |                       | In 6-99 committee      |
| Gateway          | Martin    |            |          |                           |             | No         |                       | ask for additional     |
| Foundation       | D. Kracht | 6/15/1999  | 10-5.190 |                           | 6/12/1999   | decision   |                       | information            |
|                  |           | 1          |          |                           |             | No         |                       |                        |
|                  | Antonio   |            |          | Seeks waiver due to crime |             | exception  |                       | Crime not              |
| GFI              | Plair     | 5/20/1999  | 10-5.190 | deceptive practice        | 6/4/1999    | necessary  |                       | disqualifying          |
|                  |           |            |          |                           |             |            |                       |                        |
|                  |           |            |          | <u>.</u>                  |             | l          |                       | Exception applies      |
|                  |           |            |          | Seeks waiver due to crime |             | Approved   |                       | only to CPS and        |
| a = :            | Barry     | E/00/4000  |          | of                        | 0/4/4000    | with       |                       | MI clients. Monitor by |
| GFI              | Morris    | 5/20/1999  | 10-5.190 | robbery                   | 6/4/1999    | conditions | -                     | survey.                |
|                  |           |            |          | Seeks waiver due to crime |             | No         |                       | 0 '                    |
| 051              | Keith     | F/00/4000  | 12 5 400 | of .                      | 0/4/4000    | exception  |                       | Crime not              |
| GFI              | Faison    | 5/20/1999  | 10-5.190 | sale of cocaine           | 6/4/1999    | necessary  |                       | disqualifying          |
|                  |           |            |          |                           |             |            |                       | Exception applies      |
|                  |           |            |          | Seeks waiver due to crime |             | Approved   |                       | only to CPS and        |
|                  | Israma    |            |          |                           |             | with       |                       |                        |
| OF!              | Jerome    | E/20/4000  | 40 E 400 | 1st                       | 6/4/1000    |            |                       | MI clients. Monitor by |
| GFI              | West      | 5/20/1999  | 10-5.190 | degree robbery            | 6/4/1999    | conditions |                       | survey.                |

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|-----------------|------------|------------|-----------|------------------------------|-----------|--------------|-----------------|-------------------------|
|                 |            | Date of    | under     |                              | Consi-    |              |                 |                         |
| Agency          | Employee   | Request    | 9 CSR     | Content of Request           | dered     | Decision     | Rationale       | Comments                |
| - garay         |            |            |           |                              |           |              |                 |                         |
| Jackson Group   | Debra J.   |            |           | Operator of group home is    |           |              |                 | Request exceeds         |
| Home            | Hudson     | 3/27/1999  | 40-2.075  | guardian of resident         | 5/14/1999 | Denied       |                 | committee's authority   |
|                 |            |            |           | Exception requested to       |           |              |                 |                         |
|                 |            |            |           | provider C-STAR services     |           |              |                 |                         |
|                 |            |            |           | to children who enter        |           |              |                 |                         |
|                 |            |            | 30- 3.850 | treatment with their         |           |              |                 |                         |
| Lafayette Huse  | N/A        | 6/9/1999   | (32)      | mothers                      | 7/2/1999  | Approved     |                 |                         |
| Lakes Country   |            |            |           |                              |           |              |                 |                         |
| Rehabilitation  |            |            |           |                              |           |              |                 |                         |
| Center – Carol  |            |            |           | Seeks waiver to offer        |           |              |                 |                         |
| Jones Recovery  |            |            |           | CSTAR                        |           |              |                 | Allows services to      |
| Center for      |            |            | 30- 3.850 | services to children without |           |              |                 | children ages 3&4       |
| Women           | N/A        | 7/9/1999   | (32)      | clinical review.             | 8/6/1999  | Approved     |                 | without clinical review |
| Mark Twain Area |            |            |           | Eligibility criteria for     |           |              |                 |                         |
| Counseling      | Shelly     |            |           | community                    |           | Approved -   |                 |                         |
| Center          | McCarthy   | 1/5/1999   | 30-4.034  | support worker               | 1/15/1999 | 1 year       |                 |                         |
|                 |            |            |           | Requests waiver from         |           |              |                 |                         |
|                 |            |            |           | numerous                     |           |              |                 |                         |
|                 |            |            |           | requirements that are not    |           |              |                 |                         |
| Maryville       |            |            |           | appropriate in an            |           |              |                 |                         |
| Treatment       |            |            | All of    | institutional                |           |              |                 |                         |
| Center          | N/A        | 12/4/1998  | 30.3      | corrections setting          | 3/5/1999  | Approved     |                 |                         |
|                 |            |            |           | Exception requested to       |           |              |                 |                         |
|                 |            |            |           | provide                      |           |              |                 |                         |
| McCambridge     |            |            |           | C-STAR services to           |           |              |                 |                         |
| Center for      |            |            | 30- 3.850 | children                     |           |              |                 |                         |
| Women           | N/A        | 6/17/1999  | (32)      | without clinical reviews     | 7/2/1999  | Approved     |                 |                         |
|                 |            |            |           |                              |           |              | Master degree   |                         |
|                 |            |            |           |                              |           |              | in liberal arts |                         |
|                 |            |            |           |                              |           |              | with emphasis   |                         |
|                 |            |            |           |                              |           |              | in museum       | It was noted            |
|                 |            |            |           |                              |           |              | education.      | that the definition     |
|                 |            |            |           | Seeks waiver to be           |           |              | No evidence     | of MHP does not         |
| Mental Health   | Susan      |            | 30-4.030  | authorized                   |           |              | mental health   | recognize experience    |
| Resources       | MacEachern | 11/29/1999 | (2)(GG)7  | as QMHP                      | 12/3/1999 | Not approved | studies.        | in lieu of education    |

|                  |           |            | under    |                              | Consi-    |           |               |                   |  |  |
|------------------|-----------|------------|----------|------------------------------|-----------|-----------|---------------|-------------------|--|--|
| Agency           | Employee  | Request    | 9 CSR    | Content of Request           | dered     | Decision  | Rationale     | Comments          |  |  |
| . igocy          | Joseph M. | - Indiana  | 0 0011   |                              |           |           | - I tationalo | May reapply in    |  |  |
| N/A              | Stoops    | 11/25/1998 | 10-5.190 | Armed robbery                | 1/8/1999  | Denied    |               | 12 months         |  |  |
| 477.             | Cicopo    | 11/20/1000 | 10 0.100 | 7 timed ressery              | 17071000  | Bornoa    |               | 12 monais         |  |  |
|                  |           |            |          |                              |           |           |               |                   |  |  |
|                  |           |            | None     | Two waivers requested (1)    |           |           |               |                   |  |  |
|                  |           |            | cited    | Service matrix for Alt       |           |           |               |                   |  |  |
|                  |           |            | - see    | Care Program ; (2) clinical  |           |           |               |                   |  |  |
| New Beginnings   |           |            | comment  | reviews for Alt Care         |           |           |               |                   |  |  |
| Treatment Center | N/A       | 7/5/1999   | s        | Program                      | 8/6/1999  | Approved  |               |                   |  |  |
|                  |           |            | None     |                              |           |           |               |                   |  |  |
|                  |           |            | cited    |                              |           |           |               |                   |  |  |
| North Central MO |           |            | - see    |                              |           | No        |               |                   |  |  |
| Mental Health    |           |            | comment  | Use of lobby as group        |           | exception |               |                   |  |  |
| Services         | N/A       | 6/28/1999  | S        | counseling space             | 8/6/1999  | necessary |               |                   |  |  |
|                  |           |            |          |                              |           |           |               |                   |  |  |
|                  |           |            |          |                              |           |           |               |                   |  |  |
|                  |           |            |          | Exception needed to allow    |           |           |               |                   |  |  |
|                  |           |            |          | initial admission to Level-1 |           |           |               |                   |  |  |
|                  |           |            |          | Primary Treatment-Non        |           |           |               |                   |  |  |
|                  |           |            |          | Residential even if client's |           |           |               |                   |  |  |
| North Star       |           |            |          | ADA and GAF rating do not    |           |           |               |                   |  |  |
| Recovery         |           |            |          | meet                         |           |           |               |                   |  |  |
| Services         | N/A       | 4/29/1999  | 20 2 920 | admission criteria           | 5/14/1999 | Approved  |               |                   |  |  |
| <u> </u>         | IN/A      | 4/29/1999  | 30-3.030 | aumission chiena             | 5/14/1999 | Approved  |               |                   |  |  |
|                  |           |            |          | Exception needed to allow    |           |           |               |                   |  |  |
|                  |           |            |          | operation ALT Care           |           |           |               |                   |  |  |
|                  |           |            |          | program                      |           |           |               |                   |  |  |
|                  |           |            |          | under clinical review        |           |           |               |                   |  |  |
| North Star       |           |            | 30-3.840 | system                       |           |           |               |                   |  |  |
| Recovery         |           |            | (22) &   | of the C-Star standards of   |           |           |               |                   |  |  |
| Services         | N/A       | 4/29/1999  |          | 1996                         | 5/14/1999 | Approved  |               |                   |  |  |
|                  |           | 5, 1000    | ` -/     | Waiver requested to          | 2 300     | No        |               | Current staffing  |  |  |
|                  |           |            |          | authorize supervisor ratio   |           | exception |               | pattern is not in |  |  |
| Ozark Center     | N/A       | 8/9/1999   | 30-3.080 | of 1:7.                      |           | necessary |               | violation of rule |  |  |

|   |           | Date of    | under     |  | Consi-    |               |                         |                                    |  |  |  |
|---|-----------|------------|-----------|--|-----------|---------------|-------------------------|------------------------------------|--|--|--|
| Agency                                  | Employee  | Request    | 9 CSR     | Content of Request                             | dered     | Decision      | Rationale               | Comments                           |  |  |  |
| - · · · · · · · · · · · · · · · · · · · |           |            |           |  |           |               |                         |                                    |  |  |  |
|   |           |            |           | To use bedroom with a                          |           |               |                         |                                    |  |  |  |
|   |           |            |           | ceiling  |           |               |                         |                                    |  |  |  |
| Ozarks Medical                          |           |            | 40-5.015  | height with slope from 6'1"                    |           |               | Rule is based on        |                                    |  |  |  |
| Center                                  | N/A       | 8/5/1999   |           | to 6'10"                                       | 11/5/1999 | Denied        | safety issue            |                                    |  |  |  |
|   |           |            |           | Exception needed to to                         |           |               |                         |                                    |  |  |  |
| I                                       |           |            |           | provide  |           |               |                         |                                    |  |  |  |
| Queen of Peace                          |           |            |           | C-STAR services to                             |           |               |                         |                                    |  |  |  |
| Center – Peace                          |           |            |           | children                                       |           |               |                         |                                    |  |  |  |
| for Kids                                | N/A       | 5/19/1999  | 10-5.190  | without clinical reviews                       | 6/4/1999  | Approved      |                         |                                    |  |  |  |
|   |           |            |           | To be exempt from ADA                          |           |               | Compliance not          |                                    |  |  |  |
|   |           |            | 30-3.010  | standards in order to                          |           | Approved      | possible in a           | Agency will comply                 |  |  |  |
| Reality House                           |           |            | _         | operate  |           | with          | correctional            | with draft corrections             |  |  |  |
| Programs                                | N/A       | 9/21/1999  | 30-3.630  | in a correctional setting                      | 11/5/1999 | conditions    | setting                 | standards                          |  |  |  |
|   |           |            |           | Exception requested to                         |           |               |                         |                                    |  |  |  |
|   |           |            |           | provide C_STAR services                        |           |               |                         |                                    |  |  |  |
|   |           |            |           | to children who enter                          |           |               |                         |                                    |  |  |  |
| Renaissance                             |           |            | 30- 3.850 | treatment with their                           |           |               |                         |                                    |  |  |  |
| +A17West                                | N/A       | 6/15/1999  | (32)      | mothers  | 7/2/1999  | Approved      |                         |                                    |  |  |  |
| 0                                       |           |            |           |  |           |               |                         |                                    |  |  |  |
| Samuel G. Smith                         |           |            |           |  |           | N1-           | Nia a di a dallata a al |                                    |  |  |  |
| Family Services                         | Jack Dage | 44/40/4000 | 40 5 400  | Seeks waiver due to crime                      | 40/0/4000 | No            | Need additional         |                                    |  |  |  |
| Inc                                     | Jack Rose | 11/10/1999 | 10-5.190  | of first degree assualt Waiver needed for dual | 12/3/1999 | decision      | information             |                                    |  |  |  |
|   |           |            |           | use of   |           | Approved      |                         | Vaild for current                  |  |  |  |
| Caylar Traatmant                        |           |            | 30-3.850  |  |           | Approved with |                         |                                    |  |  |  |
| Saylor Treatment<br>Home                | N/A       | 7/30/1999  |           | space – day care in DMH licensed home.         | 9/12/1000 | conditions    |                         | resident only.  Monitor by survey. |  |  |  |
| поше                                    | IN/A      | 7/30/1999  | (23)      | licensed nome.                                 | 0/12/1999 | CONDITIONS    |                         | Conditions of home                 |  |  |  |
|   |           |            |           |  |           |               |                         | will not exceed                    |  |  |  |
|   |           |            |           |  |           |               |                         | DMH licensed                       |  |  |  |
|   |           |            |           |  |           |               |                         | capacity;                          |  |  |  |
|   |           |            |           | To offer respite care in                       |           |               | Supported by            | respite not in same                |  |  |  |
|   |           |            |           | home licensed as foster                        |           | Approved      | Arthur Center           | bedroom as other                   |  |  |  |
| Saylor Treatment                        |           |            |           | family treatment home and                      |           | with          | and DMH re-             | resident; no respite               |  |  |  |
| Home                                    | N/A       | 11/0/1000  | 40-2.075  | by DOH   | 11/5/1000 | conditions    | gional manager          | during day care                    |  |  |  |
| TIOTHE                                  | IN/A      | 11/9/1999  | 40-2.075  | Dy DON   | 11/5/1999 | CONTUNIONS    | gioriai manager         | during day care                    |  |  |  |

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|                   |          | Date of   | under    |                           | Consi-    |            |           |                        |
| Agency            | Employee | Request   | 9 CSR    | Content of Request        | dered     | Decision   | Rationale | Comments               |
|                   |          |           |          |                           |           |            |           |                        |
|                   |          |           |          | Waiver requested to       |           |            |           |                        |
|                   |          |           |          | operate                   |           |            |           | Request was            |
|                   |          |           |          | day care in DMH licensed  |           | No         |           | premature –preceding   |
| Sharon Wolford    | N/A      | 7/19/1999 | 40-2.075 | home.                     | 8/6/1999  | decision   |           | decision by licensure. |
|                   |          |           |          | Exception needed due to   |           |            |           |                        |
|                   | Jesse    |           |          | crime                     |           |            |           |                        |
| Special 'T" Acres | Penley   | 6/7/1999  | 10-5.190 | of felony arson           | 8/12/1999 | Denied     |           |                        |
|                   |          |           |          | Seeks waiver due to crime |           |            |           |                        |
|                   |          |           |          | of                        |           |            |           |                        |
| St. Patrick       | Jerry    |           |          | 1st and 2nd degree        |           |            |           |                        |
| +A8Center         | Peterson | 3/8/1999  | 10-5.190 | robberies                 | 4/2/1999  | Denied     |           |                        |
|                   | Mary     |           |          | Employee lacks            |           |            |           |                        |
| The Salvation     | Willie   |           | 30-3.850 | qualifications            |           |            |           |                        |
| Army              | Ware     | 6/28/1999 | (25)     | for Family Therapist      | 8/12/1999 | Denied     |           |                        |
|                   |          |           |          |                           |           | Approved   |           | Exception applies to   |
| The Salvation     | Alton    |           |          | Exception needed due to   |           | with       |           | ADA only.              |
| Army              | Burden   | 8/20/1999 | 10-5.190 | crime of armed robbery    | 9/3/1999  | conditions |           | Monitor by survey.     |
|                   |          |           |          | Supervisor/community      |           |            |           |                        |
|                   |          |           |          | support                   |           |            |           |                        |
|                   |          |           |          | worker ratio. Has 1:8     |           | Approved   |           | Expires with           |
|                   |          |           | 30-4.034 | instead                   |           | with       |           | implementation         |
| Tri-County Mental | N/A      | 8/26/1998 | (2)(C)   | of required is 1:5        | 1/15/1999 | conditions |           | of new rules           |